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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/692/08 |
| | Filing Date | October 27, 2009 |
| | First Named Inventor | Volkner PROBST |
| | Title | APPARATUS AND PROCESS FOR ANNEALING A... |
| | Art Unit | 1242 |
| | Examiner Name | Shawntina T. FERGUSON |
| | Attorney Docket Number | P485-USD |

I hereby revoke all previous powers of attorney given in the above-identified application.

| <input type="checkbox"/> | A Power of Attorney is submitted herewith. | | | | | | | | | | | | | |
|-------------------------------------|---|----------------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| OR | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | 72932 | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | | |
| <input type="checkbox"/> | I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Practitioner(s) Name | Registration Number | | | | | | | | | | | |
| Practitioner(s) Name | Registration Number | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Applicant/Inventor. |
| OR | |
| <input checked="" type="checkbox"/> | Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____ |

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--|-----------|--------------------|
| Signature | <i>T. Fergusson</i> | Date | 12 May 2010 |
| Name | TONIA S. FERGUSON | Telephone | 011-45-2406-82 208 |
| Title and Company | HEAD OF PATENT DEPARTMENT SAINT GORAIN | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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